

2008

College of Osteopathic Medicine Second Year Syllabus

Nova Southeastern University

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College of Osteopathic Medicine



**INTERDISCIPLINARY GENERALIST CURRICULUM (IGC)
PRECEPTORSHIP III AND IV
SECOND-YEAR STUDENT COURSE SYLLABUS
FOR COM 6173 (FALL 2008) AND COM 6174 (WINTER 2009)**

**NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE
COURSE SYLLABUS**

NAME OF COURSES: INTERDISCIPLINARY GENERALIST CURRICULUM
(IGC) PRECEPTORSHIP III & IV

CLASS/SEMESTERS/YEARS: M-2 FALL 2008 and M-2 WINTER 2009

COURSE DESIGNATIONS: COM-6173 M2; CRN # 22180 (Fall 2008) and
COM-6174 M2; CRN # 34652 (Winter 2009)

DATES: July 31, 2008 – November 19, 2008 (Fall Semester Only)
* Winter 2009 Semester dates are TBA for January, 2009 – April, 2009

AUDITORIUM DATES	DAY	TIME	PLACE	CLASS/MEETING TYPE
7/31/2008 Course Begins	Thursday	1:10 P.M. – 3:00 P.M.	Morris Auditorium	IGC Orientation: Physician Mentor Program and COM ² Serve Program
10/31/2008 Primary Care Assignment Due	Friday	9:00 A.M. – 12:10 P.M.	Morris Auditorium	This is not a meeting. IGC Primary Care Assignments (not logs) will be collected by placement inside the IGC collection box (in Morris auditorium).
11/19/2008 Business of Medicine/Practice Management Seminar & Wrap-Up Session	Wednesday	1:10 P.M. – 3:00 P.M.	Morris Auditorium	This is a combined session comprised of the IGC Business of Medicine/Practice Management Seminar and the end of semester wrap-up meeting (all remaining assignments are due).

Note: See IGC course schedule (on page 7), individualized student Physician Mentor assignments, and schedules/directions for all assigned COM²Serve and Managed Care/Business of Medicine field-based IGC sessions.

CONTACT HOURS: 36 TOTAL CONTACT HOURS (Fall 2008 Semester Only)
4 lecture hours; 32 clinical or small group hours (i.e., 8 sessions)

The Fall Semester community-based assignments include 7 sessions at Physician Mentor's offices and 1 session at a COM²Serve site or experience. During the Winter Semester, there is one additional (i.e., 9th) session with a Managed Care/Business of Medicine Program.

CREDIT HOURS: 2 hours each semester

COURSE DIRECTOR: DEBRA COHN STEINKOHL, M.H.S.A.
Administrative Director, IGC Program
Course Director, IGC Preceptorship I, II, III & IV
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OFFICE HOURS: 9:00 A.M. - 1:00 P.M. & 2:00 P.M. - 5:00 P.M.
Monday - Friday (or by appointment)

* Winter 2009 Semester meeting dates and hours are included in a separate addendum distributed in January at the beginning of the Winter Semester.

TABLE OF CONTENTS

Section A.

I.	Faculty Roster.....	2
II.	Course Description	3
III.	Course Goals	4
IV.	Course Objectives.....	4
V.	Course Schedule.....	6
VI.	Attendance/Punctuality	8
VII.	Professional Conduct	9
VIII.	Course Resources	10
IX.	Student Assessment/Logs/Assignments	10
X.	Grading Policy & Remediation.....	12
XI.	Evaluations/Questionnaires	13
XII.	Role of Preceptors/Instructors	13
XIII.	Role of Student	15

Section B.

Fall 2008 Semester IGC Forms: Logs, Assignments,
Assessments, Scheduling Form

Winter 2009 Semester IGC Forms: Logs, Assignments,
Assessments

Section A.

I. FACULTY ROSTER

IGC Administrative Director:

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Assistant Professor,
Department of Family Medicine,
Division of Community Medicine

IGC Co-Project Directors:

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NSU-COM Department of Pediatrics

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Chair and Assistant Professor,
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IGC Business of Medicine Instructors:

Pablo Calzada, D.O., M.P.H.
Assistant Dean of Clinical Operations &
Assistant Professor,
NSU-COM Department of Family Medicine

Tamer Gozleveli, D.O.
Clinical Assistant Professor
NSU-COM Department of Family Medicine

Dan Hudec, M.D.
Medical Director of
Quality/Regulatory Compliance
Blue Cross/Blue Shield of Florida
Health Options

Mohsin Jaffer, M.D.
Clinical Associate Professor
NSU-COM Department of Family Medicine

Neil Natkow, D.O.
Healthcare Consultant
Clinical Professor,
NSU-COM Department of Family Medicine

Alan S. Whiteman, Ph.D.
President
Healthcare Integration Consultants

NSU Business of Medicine Liaison:

Robert Oller, D.O.
Chief Executive Officer
NSU Health Care Systems

IGC Physician and COM²Serve Mentors:

Refer to 2008/2009 IGC Physician &
COM²Serve Network Directory for 190
preceptors and partner sites throughout Dade,
Broward & Palm Beach Counties

II. COURSE DESCRIPTION

The Interdisciplinary Generalist Curriculum (IGC) Program has three components: (1) The IGC Physician Mentor Program; (2) The IGC Business of Medicine Program; and (3) the College of Osteopathic Medicine in Community Service (COM²Serve) Program. The premise of the IGC Program is that exposure to professional role models is a significant determinant of medical students' career choices. In addition, an early clinical experience is an essential learning component for medical students to begin to correlate classroom knowledge with actual patient encounters.

The IGC Preceptorship III and IV courses expose second-year medical students to clinical settings by matching each student with a community-based physician mentor for a primary care clinical rotation where they are also exposed to the central role of the primary care physician in the management of their patients and practices. Students also learn about the business aspects of practice as well as the various components of managed care organizations (MCOs) by assigning each student to either an MCO teaching partner or to attend a special conference or seminar on healthcare systems, policy and access. As part of the AHEC-supported IGC COM²Serve Program, students also rotate through community-based clinics and other service organizations that provide health care to medically underserved or at-risk populations.

Instructional Activities and Methods

IGC Physician Mentor Program: During each semester, students accompany an assigned Primary Care Physician Mentor for a minimum of 7 four-hour sessions in his/her practice. Each physician in the IGC network of over 190 Physician Mentors is affiliated/contracted with one or more managed care companies. Students observe both patient care and the business aspects of clinical practice under the direction of the Physician Mentor. Depending on the comfort level of the preceptor, students may also perform patient histories and physical examinations within the limits of their ability.

IGC Business of Medicine Program: All students attend a Business of Medicine/Practice Management lecture during the Fall Semester. In addition, students either attend a Business of Medicine (BOM) seminar, conference or other experience during the Winter semester, or are assigned to an IGC-affiliated Managed Care Organization (MCO) for one four-hour session. Students who elect to be assigned to an MCO learn how this third party-payer system impacts physicians by learning about various topics such as Medical Operations, Case/Disease Management, Utilization Management, Quality Management and Provider/Practice Management. With the Business of Medicine experience, students learn about how today's healthcare industry operates as well as explore possibilities for the future of the healthcare industry. Students also begin to understand the many complex factors that influence the way medicine is practiced and financed in the United States.

College of Osteopathic Medicine in Community Service (COM²Serve) Program: Students rotate for a minimum of 2 four-hour sessions per academic year at COM²Serve partner organizations in order to fulfill the community service component of their IGC Preceptorship Course. Through the COM²Serve Program, medical students are involved in service learning by participating in designated health fairs or medical missions, or through placement at community health centers, migrant farmworker clinics, public health departments, tuberculosis treatment facilities, substance abuse treatment/detox facilities,

and other subsidized or free community-based clinics or organizations. The COM²Serve partner organizations provide health care and other needed services to medically underserved, minority, or at-risk populations.

In addition to field rotations with primary care physicians, community service organizations, public health departments, and managed care organizations, the IGC Program incorporates other teaching methodologies such as lectures, small group discussions and interactive seminars/panel discussions. Before leaving campus, students are given an orientation on the logistics and requirements of the IGC Program, including a review of the learning objectives. To assess the students' experiences, a wrap-up session is also held with the students.

III. COURSE GOALS

The overall goals of the IGC Preceptorship III and IV courses include the following:

- To develop students' interests in primary care and community health through assignment to physician mentors who practice general internal medicine, family medicine, or general pediatrics, and who are role models with a passion for mentoring students and teaching quality clinical medicine.
- To enhance and integrate student education in the first two years of medical school by providing early clinical exposure as a basis of applying and correlating campus-based classroom, laboratory and small group education.
- To educate students about the financial and policy implications, as well as the practices and principles, of various types of health care delivery systems so that students may understand the specific challenges and opportunities that physicians face on the business side of practice.

The long-term goals of the four-semester IGC Program are to prepare NSU-COM graduates for delivering quality patient care while successfully managing the business aspects of medical practice, and to increase the number of graduates entering the primary care disciplines of family medicine, general internal medicine, and general pediatrics.

IV. COURSE OBJECTIVES

IGC PHYSICIAN MENTOR PROGRAM LEARNING OBJECTIVES

(Note: this also includes the learning objectives for the IGC COM²Serve Program)

Upon successful completion of the IGC Preceptorship III and IV courses, the student will be able to:

1. Apply the basic/clinical science knowledge and demonstrate clinical skills necessary to recognize medical problems and institute treatment in a primary care setting (consistent with the student's current level of medical education).
2. Demonstrate the ability to establish good patient rapport and achieve an appropriate level of comfort in working with patients and physicians and the other members of the health care team.

3. Provide case examples to describe how the Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan.
4. Describe how the Physician Mentor cares for diverse patient populations, and how he/she is able to tailor his/her care by incorporating factors such as ethics, socio-economics, ethnicity, culture, age, gender, and lifestyle into medical decision-making.
5. Describe how the Physician Mentor utilizes community resources (e.g., foundations, associations, community-based organizations, etc.) to improve patient outcomes.
6. Summarize the specific ways in which the Physician Mentor conducts the business aspects of his/her practice and interfaces with third-party payers.
7. Demonstrate self-directed learning by utilizing on-line and/or traditional information resources relevant to patient care, and critically analyze the information resources for accuracy and usefulness.
8. Demonstrate an increased awareness of organizations and community efforts that provide health care and other needed services to medically underserved and at-risk patient populations, and participate in community service.
9. List career options in family medicine, general internal medicine or general pediatrics, and outline the most and least desirable features.

IGC BUSINESS OF MEDICINE PROGRAM LEARNING OBJECTIVES

Upon successful completion of the assigned Business of Medicine sessions, the student will be able to assess the impact that healthcare policy and the infrastructure of healthcare systems might have on a physician's practice (i.e., through educational experiences with a minimum of two out of the nine areas below):

1. **Conference or Seminar on Healthcare Systems, Policy and Access:** By attending a health professions conference or seminar, the student will gain proficiency in understanding the complex issues facing physicians as they strive to ensure access of quality health care to patients while maintaining both a fair level of professional compensation and a balance in control of the healthcare system.
2. **Seminar on Practice Management:** By attending a seminar comprised of local healthcare leaders and practicing professionals, the student will be able to explore topics impacting the way physicians select and manage their practices, including: market analyses to identify practice opportunities, patient marketing/patient relations, contracting for third-party reimbursement, office economics/operations, staffing/human resources, billing, coding, medical records, credentialing, practice guidelines/policies, selection of services offered, and professional involvement/leadership.
3. **Utilization Management:** Through discussions with managed care staff, administrators or hospitalists, the student will be able to examine the pre-certification, authorization, care denial and discharge planning processes, including the use of specific medical criteria for assignment of length of stay, and will understand the concept of continuity and coordination of care.
4. **Case Review/Rounds:** By observing the health plan's "grand rounds" of the review of hospitalized patients, the student will be able to cite three examples from one of each of the

following: (a) how medical criteria impact in-patient admissions/length of stay; (b) initiation of case management; (c) the steps taken in the discharge planning process; (d) inpatient disease management; (e) the concurrent review process; (f) the steps taken by the MCO to ensure the most cost-effective delivery of care.

5. **Case/Disease Management:** The student will be able to analyze the benefits of utilizing a population-based approach to the prevention and management of chronic and catastrophic disease by reviewing various approaches to the case management of patients enrolled in disease management programs (e.g., asthma, diabetes, CHF, transplantation, cancer, renal failure, high-risk pregnancy).
6. **Quality Management/Improvement:** The student will be able to analyze how an MCO monitors and maintains the health care and services provided to its members to promote adequate access, acceptable outcomes, cost-efficiency, patient satisfaction and to affect improvements as needed. The student will also be able to understand the importance of appropriate medical record documentation and practice guidelines.
7. **Provider/Practice Management:** The student will be able to analyze the process of provider management including credentialing, contracting, compensation models, provider orientations/education, procedures for referrals, authorizations, record-keeping, and billing issues.
8. **Medical Operations:** Through discussions with the medical director of an MCO, the student will be able to describe factors that determine medical necessity, application of benefits, quality and cost-effectiveness of care, physician education, and the interrelationship with the plan's physician network.
9. **Committee Meetings:** By attending physician committee meetings (e.g., Peer Review, Credentialing, Practice Management, Pharmacy & Therapeutics, Quality Improvement), the student will be able to recognize the important role that physicians play in ensuring the quality of care delivered by MCOs.

V. COURSE SCHEDULE

GROUP ASSIGNMENTS:

The class is divided into two main groups, Group A and Group B, each representing one-half of the class. Students assigned to IGC on Tuesdays are in Group A and students assigned to IGC on Thursdays are in Group B. Students rotate with their IGC Physician Mentor during all designated field-based IGC sessions, except for the one session per semester when they are assigned to a COM²Serve organization or experience (i.e., 2 sessions per year), and the one session per year in a Business of Medicine experience or with a Managed Care Organization.

M2 IGC STUDENT SCHEDULE * FALL SEMESTER 2008

8 IGC Community-Based Sessions (7 Physician Mentor Sessions & 1 COM²Serve Session)

Students in Group A are scheduled for Physician Mentor sessions on 7 out of 8 Tuesdays (8/19, 8/26, 9/2, 9/9, 9/16, 9/23, 10/28, 11/4);

Students in Group B are scheduled for Physician Mentor sessions on 7 out of 8 Thursdays (8/21, 8/28, 9/4, 9/11, 9/18, 9/25, 10/30, 11/6)

All M2's (Groups A & B) Gen'l IGC Sessions (Mandatory Attendance)		Group A: Tuesday IGC Sessions Start time for sessions vary (typically 1:00 or 2:00). See COM ² Serve student schedules for dates/times.		Group B: Thursday IGC Sessions Start time for sessions vary (typically 1:00 or 2:00). See COM ² Serve student schedules for dates/times.
Thursday, July 31 1:10 AM - 3:00 (Morris Aud) IGC Orientation & Intro. to COM ² Serve	Jul 31	Auditorium Session	Jul 31	Auditorium Session
Community-Based Session #1	Aug 19	Physician Mentor Session	Aug 21	Physician Mentor Session
Community-Based Session #2	Aug 26	Physician Mentor or COM ² Serve Session	Aug 28	Physician Mentor or COM ² Serve Session
Community-Based Session #3	Sep 2	Physician Mentor or COM ² Serve Session	Sep 4	Physician Mentor or COM ² Serve Session
Community-Based Session #4	Sep 9	Physician Mentor or COM ² Serve Session	Sep 11	Physician Mentor or COM ² Serve Session
Community-Based Session #5	Sep 16	Physician Mentor or COM ² Serve Session	Sep 18	Physician Mentor or COM ² Serve Session
Community-Based Session #6	Sep 23	Physician Mentor or COM ² Serve Session Students have 2 exams & might request to re-schedule	Sep 25	Physician Mentor or COM ² Serve Session
** 4 - Week IGC Break due to holidays and practical exam schedules				
Community-Based Session #7	Oct 28	Physician Mentor or COM ² Serve Session	Oct 30	Physician Mentor or COM ² Serve Session
Friday, October 31 9:00 AM-12:10 PM Primary Care Assignment Due (Collection Box in Morris Aud.)	Oct 31	Submit Primary Care Assignment <i>Note: extensions will be considered based on need (up to 1 week only). Students with unexcused late submissions (after 10/31) or with submissions that exceed the 1 week granted extension (after 11/7) will be required to complete an additional assignment.</i>	Oct 31	Submit Primary Care Assignment
Community-Based Session #8	Nov 4	Physician Mentor or COM ² Serve Session	Nov 6	Physician Mentor or COM ² Serve Session
Wednesday, November 19 1:10 - 3:00 PM (Morris Aud) Business of Med./Practice Management Seminar & IGC Wrap-Up Session	Nov 19	Auditorium Session	Nov 19	Auditorium Session
Total: 2 IGC Meetings/Lectures		Total: 8 Community-Based IGC Sessions (7 with Physician Mentor, 1 COM ² Serve) (Group A)		Total: 8 Community-Based IGC Sessions (7 with Physician Mentor, 1 COM ² Serve) (Group B)

* The Winter 2009 Schedule is distributed during the IGC Student Orientation for the COM 6722 Course in January 2009.

** There is a 4-week break from scheduled IGC sessions starting the last week of Sept. Students who need to make up a session or who plan to miss a session during late Oct or Nov. (e.g., for the AOA conference, etc.) should plan to go to IGC during this long break. Students in Group B are free on Thursday 10/2 and students in Group A are free on Tuesday 10/7.

Note: These IGC session dates do not include COM⁴Serve sessions that often take place during evening or weekend hours, or on non-IGC days. An IGC field-based session that does not fall on a regular Tuesday or Thursday IGC day will always substitute for a regular Physician Mentor session (i.e., during the same week or at some other time during the semester).

ROTATION HOURS:

Physician Mentor sessions and COM²Serve sessions are approximately four hours in duration, and are usually scheduled on Tuesdays or Thursdays from 1:00 P.M. to 5:00 P.M. or from 2:00 P.M. to 6:00 P.M. (depending on the preceptor's lunch schedule). Some Physician Mentors ask their students to join them for hospital patient rounds or other learning experiences that take place during times and days not specifically scheduled for the IGC Course. As long as students are not scheduled for a class or lab, they may schedule additional or alternative sessions directly with their IGC Physician Mentors. In addition, several of the COM²Serve experiences are scheduled during evenings or weekends (e.g., evening or Saturday clinics, or health fairs). Students are generally required to attend IGC Business of Medicine sessions from 1:00 P.M. to 5:00 P.M. Exceptions include special lectures, symposia or conferences scheduled during the semester or physician committee dinner meetings at MCOs (if the opportunity is offered to students). Students must refer to their applicable Business of Medicine and COM²Serve schedules, direction sheets, and special memorandums for specific locations and times. A master IGC course schedule for regularly assigned sessions is included on the previous page.

VI. ATTENDANCE/PUNCTUALITY

ATTENDANCE

100% attendance in all IGC sessions is required in order to pass the course. Since there is no written course examination, student attendance must be ensured in order to meet the learning objectives and academic course requirements. Perfect attendance qualifies a student to "pass" the IGC course. The procedures for attaining excused absences (outlined below) differ according to the IGC experience.

1. Attendance in the assigned number of **Physician Mentor sessions** is required unless there is a waiver granted for an excused absence that is pre-approved by the IGC Course Director. Students must seek prior approval from their Physician Mentor if they wish to reschedule an IGC Physician Mentor session. Students are also required to notify their Physician Mentor if they must be absent, and they must reschedule the session at a mutually agreeable time with their Physician Mentor. Students may contact the IGC office to assist in scheduling a make-up Physician Mentor session at a substitute site if a Physician Mentor is absent and when it is not feasible to re-schedule with the assigned Physician Mentor.
2. Attendance at all **Business of Medicine sessions and COM²Serve sessions** is required unless there is a written excused absence pre-approved by the IGC Course Director. Even in the event of an emergency (i.e., non life-threatening), students are required to contact the IGC Office prior to missing the scheduled session. Since these sessions are specially assigned according to detailed schedules, students who do not notify the IGC office, in advance, about a missed COM²Serve or Business of Medicine session will receive a failing grade.
3. Attendance at all **IGC auditorium sessions** (i.e., including lectures, symposia, orientations and wrap-up sessions) is required unless there is a written excused absence pre-approved by the IGC Course Director. Students without prior approval will have an unexcused absence from an IGC auditorium session and will therefore receive a failing grade.

PUNCTUALITY

Students are expected to arrive at all IGC field sessions at the scheduled time specified for that assignment. It is professionally inappropriate to arrive late for IGC sessions as this serves to inconvenience mentors who volunteer their time in the midst of busy schedules. Mentors can elect to dismiss a tardy student from that day's activities, which can result in an unexcused absence. In the event that a student expects to be late, he or she must seek prior approval from the preceptor. If a student arrives late and has a convincing reason (e.g., car broke down, atypical highway delays), it is up to the preceptor to determine whether or not the tardy arrival is excused.

VII. PROFESSIONAL CONDUCT

PROFESSIONAL DEMEANOR

Students must demonstrate professionalism and conduct themselves as courteous and responsible medical professionals at all times. Dignity, respect, and gratitude are valuable virtues in the development of a physician's character. Appropriate attitude, behavior, dress and grooming must be demonstrated at all assigned IGC community-based sessions and at all IGC meetings. Students must also demonstrate a professional demeanor by remaining open to receiving constructive criticism. Physician Mentors provide a written assessment of student conduct on the *Student Assessment by Preceptor*. Managed Care Mentors assess student's professionalism directly on the *Managed Care Program Attendance Log*. **Students can receive a failing grade in the IGC Course purely based on inappropriate attitude, behavior or dress.**

COMPLIANCE WITH POLICY

During all IGC experiences, students are expected to comply with the general rules and medical ethics established by the physician office or IGC-affiliated site and must conduct themselves appropriately with the personnel in charge of the organization (e.g., including security guards and receptionists). Any problems or difficulties should be communicated immediately to the IGC Office.

DRESS CODE

Students shall manifest keen awareness of personal hygiene and dress in a neat, clean, professional manner. Unless specifically instructed otherwise by the IGC preceptor or the IGC Program Office, students will dress in professional attire along with a clean, white, NSU-approved clinical jacket along with a Nova Southeastern University identification badge. Open-toe or open-back shoes must never be worn for IGC rotations, and heel height should be moderate. Professional attire is typically business-appropriate shoes and a business shirt and tie for men, and a professional dress, skirt or pants ensemble for women. Special attention must be paid to attire being the appropriate length, fit, and style, and students are asked to dress tastefully and conservatively. However, the preference of some Physician Mentor offices and COM²Serve sites may be a business casual or other form of dress (e.g., some pediatric practices, homeless shelters, public health department-sponsored home visits, health fairs, etc.). Surgical scrubs are rarely appropriate for IGC rotations.

TITLE

Students will be treated as professionals by clinical personnel and vice versa. Students may be extended the courtesy of being referred to as "Student Doctor _____" in clinical settings. As a group, students will be referred to as "Student Physicians". Since courtesy and a professional demeanor are essential traits for physicians, students need to extend similar and appropriate courtesy to all preceptor office personnel at all times.

VIII. COURSE RESOURCES

The IGC Program, at no cost to the students, supplies all instructional materials. These resources may include a compilation of articles and practice guidelines that address primary care, managed care, healthcare economics, and the future of healthcare delivery in the USA.

IX. STUDENT ASSESSMENT/LOGS/ASSIGNMENTS

Students will complete and submit attendance logs, diagnostic patient logs, student assessments and assignments by the end-of-semester IGC Wrap-Up Session. The two exceptions include: (1) the COM²Serve Attendance Log/Written Assignment, which is due within five working days subsequent to attending each COM²Serve session; and (2) the IGC Primary Care Assignment, which is due on **Friday, October 31st** (placed in a collection box in the Morris Auditorium from 9:00 AM - 12:10 PM). The Winter 2009 Primary Care Written Assignment is also due several weeks prior to the Wrap-Up Session (date TBA). All logs and assignments must be kept current so that they may be submitted for review at any interim point during the semester. If the IGC logs, assignments and "student assessment by preceptor" are not submitted in an acceptable manner, then an incomplete grade (i.e., "IP") will be given. Students with unauthorized late submissions of assignments will receive a grade of "F". For students who request and are granted extensions, an incomplete grade (i.e., "IP") will be given if the IGC assignment(s) are submitted after grades are entered. After 10 working days from the date grades are entered, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will be changed to an "F".

STUDENT ASSESSMENT BY PRECEPTOR

Students must receive a passing score on the *Student Assessment by Preceptor* form that is completed by the physician mentor during the student's last session. By the end of each semester, the student is responsible for hand-delivering or having their preceptor mail or fax a completed form (i.e., including all four sections along with the physician's signature) to the IGC office. In order to qualify for a grade of "pass", a student must receive "satisfactory" ratings in questions #1 and #2 (i.e., "attendance/punctuality") of Section A, no more than one "unsatisfactory" rating in Section B, and a score of "below average" or higher in Section C. An incomplete ("IP" grade) will be issued if this form is not received by the end of the semester.

PHYSICIAN MENTOR ATTENDANCE LOG

The Physician Mentor Attendance Log must include the date and the Physician Mentor's original signature for each session attended. If the student has more than one preceptor at a given clinic site, all of these names must be included at the top of the log. If a student changes to another preceptor's office during the semester, the dates for sessions spent with each preceptor must be clearly indicated. Credit will not be given for any community-based IGC session attended during scheduled class time (i.e., students may not elect to miss class to attend an IGC session).

BUSINESS OF MEDICINE ATTENDANCE LOG

The Business of Medicine Attendance Log must include all of the following information from the designated departmental preceptor assigned to an M2 student for the session: (a) the preceptor's printed name; (b) the preceptor's title; (c) the preceptor's signature; (d) experience type or department name; and (e) date. Since sessions may be held at managed care or other facilities visited only once by the student, it is imperative that students remember to bring their original attendance log to all IGC sessions. Students may be notified that it is not necessary to submit this attendance log if the assignment consists of an auditorium-based, large group session where an alternative means is utilized to record student attendance.

IGC PATIENT DIAGNOSTIC LOG

A diagnostic log, containing patient profiles and diagnoses on patients seen, must be kept for each Physician Mentor session. The first page must include the Physician Mentor's signature and the student's name. Although volume of patients seen does not necessarily equate to quality of the learning experience, the number of documented patients must be sufficient (i.e., a minimum of 21 patients per semester) in order to receive a passing grade.

PRIMARY CARE ASSIGNMENT

Students are required to complete a type-written assignment that addresses the IGC Physician Mentor learning objectives and summarizes their perceptions of primary care practice while on rotation at their assigned Physician Mentor's Office. This form is included in Section B of this syllabus, and can be downloaded from the IGC Course Syllabi found under Academic Resources for Current Students in the NSU College of Osteopathic Medicine website (COM@nsu.nova.edu). During the Fall 2008 semester, this assignment is due on **Friday, October 31st**. A collection box will be placed in the Morris Auditorium from 9:00 A.M. - 12:10 P.M. The Winter 2009 Primary Care Assignment is also due several weeks prior to the IGC Wrap-Up Session (date TBA). The assignment must be submitted with an original signature from the Physician Mentor that indicates whether Section A of the initial submission was satisfactory and appropriate, or whether it was unsatisfactory with modifications needed. For a passing grade (i.e., a score of "acceptable" or better in both Sections A and B), responses to the questions must be well thought out and clearly articulated. Students receiving an NSU faculty score of "not acceptable" in Section A and/or Section B will have one opportunity to re-do and resubmit the weak components of the assignment in order to meet the requirements for passing the IGC Course. This primary care assignment comprises 80% of the total "assignment" grade (i.e., Section A is 40%, and Section B is 40%).

BUSINESS OF MEDICINE WRITTEN ASSIGNMENT

Students are required to complete a one-page *Business of Medicine Assignment* for their scheduled Business of Medicine (BOM) session. For a passing grade (i.e., a score of "acceptable" or better), responses must be well thought out and clearly articulated (e.g., several-word responses are not acceptable). Students receiving a score of "not acceptable" will have one opportunity to re-do and resubmit the weak components of the assignment in order to meet the requirements for passing the IGC Course. During the Winter semester (i.e., when the student's Business of Medicine experience is scheduled), this written assignment comprises 10% of the total "assignment" grade.

COM²SERVE WRITTEN ASSIGNMENT

Students are required to complete a one-page *COM²Serve Assignment* for each of their scheduled sessions each semester. For a passing grade (i.e., a score of "acceptable" or better), responses must be well thought out and clearly articulated (e.g., several-word responses are not acceptable). Students receiving a score of "not acceptable" will have one opportunity to re-do and resubmit the weak components of the assignment in order to meet the requirements for passing the IGC Course. This *COM²Serve Assignment* comprises 20% of the total "assignment" grade during the Fall semester when a student is not assigned to a Business of Medicine experience. It comprises 10% of the total "assignment" grade during the Winter semester when a student is assigned to a Business of Medicine experience.

X. GRADING POLICY & REMEDIATION

The IGC Preceptorship III and IV Courses are graded as follows:

P (Pass)

F (Fail)

The minimum requirements for achieving a grade of "Pass" include: (1) 100% attendance at all IGC meetings, Physician Mentor sessions, COM²Serve sessions and Business of Medicine sessions; (2) timely and accurate completion of all logs, evaluations, questionnaires and assignments; (3) a passing score on the *Student Assessment by Preceptor*; (4) a passing score on the *Patient Diagnostic Log*; and (4) a minimum score of "acceptable" on all components of the two or three applicable assignments. Sections A and B of the *Primary Care Assignment* comprises 80% of the total "assignment" grade; the *COM²Serve* assignment comprises 20% of the "assignment" grade during the Fall Semester when no *Business of Medicine Written Assignment* is required and 10% during the Winter Semester when the *Business of Medicine Written Assignment* is required; and the *Business of Medicine Written Assignment*, applicable for the Winter semester only, comprises 10% of the total "assignment" grade during the Winter semester.

If the IGC logs, assignments and "student assessment by preceptor" are not submitted in a timely and acceptable manner, then an incomplete grade (i.e., "IP") will initially be given if within 10 working days from the last day of the semester. Students with unauthorized late submissions of assignments will receive a grade of "F". For students who request and are granted extensions, an incomplete grade (i.e., "IP") will be given if the IGC assignment(s) are received after grades are entered. After 10 working days from the date grades were submitted, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will be converted to an "F".

Criteria for remediating an "F" is established by the IGC Course Director, and is in accordance with the specific deficiency(ies) attributing to the failed grade. The Course Director may request a course of action from the IGC Co-Project Directors (see page 2) and subsequently, from the Student Progress Committee in areas relating to student deficiencies (e.g., failed or incomplete grades). Unless there is a special circumstance leading to prior written approval by the IGC Course Director, a student is not permitted to enroll in the Winter '09 Semester IGC Course, or their M3 clinical rotations, until the prior semester's IGC grade is recorded as a "Pass".

XI. EVALUATIONS/QUESTIONNAIRES

Students must complete all IGC evaluations and questionnaires on a timely basis as indicated (i.e., either at the IGC orientation or by the end-of-semester IGC wrap-up session). These include, but are not limited to, the *IGC Physician Mentor Program Evaluation*, *Student Confidentiality Statements*, *Student Scheduling Forms*, and any additional evaluations or questionnaires.

A number of aspects of the IGC Program are evaluated to ensure that NSU-COM students are getting the most out of their experiences. A variety of evaluation instruments and methods are used to gauge the effectiveness of students and preceptors, as well as the success of the overall program. All information is tabulated, analyzed, and presented to the Co-Project Directors for use in program planning.

PHYSICIAN MENTOR PROGRAM EVALUATION

Students' evaluations of the Physician Mentor Program focus on their perception of "amount learned" and achievement of the program objectives. Students are required to complete an on-line evaluation during the Fall and Winter semesters. The results are used to determine strengths and weaknesses in the preceptor network. Preceptor-specific scores are available for review at the preceptor's request, and the decision of whether to continue individual IGC preceptor relationships are often based on these evaluations.

STUDENT SCHEDULE FORM FOR SWITCHING PHYSICIAN MENTORS

Students are encouraged to keep the same Physician Mentor assignment for the entire M2 year. They do, however, have the opportunity to request a change in Physician Mentor assignment after the Fall Semester in order to gain exposure to a different primary care discipline. If a change is requested, students are given an opportunity to indicate a desired primary care specialty. Selection preference is given to those students who had an unsatisfactory IGC learning experience during the previous semester.

XII. ROLE OF PRECEPTORS/INSTRUCTORS

PRIMARY CARE PHYSICIAN MENTORS

The Physician Mentor is chosen because of his/her role as a primary care physician (family medicine physician, general internist or general pediatrician), his/her desire to be a role model to medical students, his/her affiliations with managed health care organizations, and his/her experience with the overall management of their practices. The Physician Mentor is sincerely appreciated by the

students and the College and is invaluable to the success of this program. The names of the 2008/2009 Physician Mentors, sorted by the three primary care specialties, can be found in the August 2008 Listing of Primary Care Physician Mentors.

The mentor physician is expected to:

- orient the student to the role of a primary care physician, both in patient care and office/clinic operations;
- expose the student to patient care by giving the student the opportunity to observe the Physician Mentor in active practice;
- educate the student through discussions about primary care, the business-side of their practice and managed health care, and through explanations of his/her medical decision-making;
- provide the student with the opportunity to perform patient histories and physical examinations (H & Ps) within the limits of the student's ability. M-2 students should be capable of doing a complete and comprehensive H & P and are required to learn focused/symptom-oriented H & P in the course of their second year. Physician Mentors help guide the student in the selection of their patient case (Section A of the IGC Primary Care Assignment) and provide feedback to assist the student in integrating information from the patient H & P into an assessment and treatment plan;
- adhere to student-specific teaching schedules including dates and times for teaching sessions. Preceptors must notify the student or call the IGC Office if they have to miss or reschedule teaching sessions;
- provide timely and constructive feedback on student performance, including student attitude, patient and medical team rapport, clinical skills and learning initiative. In addition, they must thoughtfully complete the student assessment form on a timely basis;
- periodically review the IGC Course Syllabus (including course goals and learning objectives);
- sign off on the Patient Diagnostic Log, the Physician Mentor Attendance Log, and the Primary Care Assignment.

An NSU medical student is not a licensed physician and, therefore, is legally and ethically not permitted to practice medicine. A student may be involved in assisting in the care of a patient, but only under the direct supervision of a licensed physician. The preceptor is responsible for the medical care of the patient and for countersigning all allowable documents, progress notes and other records written by the student. A student may not administer therapy or medication, unless under the direct supervision of a licensed physician.

BUSINESS OF MEDICINE PRECEPTORS

The specific teaching responsibilities of the partner Business of Medicine Organizations are included in written proposals/agreements tailored to each of the teaching partners. In addition, the Business of Medicine preceptor is expected to:

- review the specific learning objectives for each IGC teaching session with the student;
- monitor the student's attendance, punctuality and professionalism, and complete the student's attendance log;
- adhere to student-specific teaching schedules including dates and times for teaching sessions. Preceptors must call the IGC Office if they have to miss or reschedule a teaching session.

COM²SERVE PRECEPTORS

Com²Serve partner organizations are selected because of their commitment to serving the health and well-being of underserved and at-risk populations. Com²Serve preceptors are caring professionals who are selected based on their desire to assist medical students in reaching out to serve the vast needs in our community. The Com²Serve organizations are non-paid, volunteer service learning sites that are invaluable to the success of the IGC program. The names of the 2008/2009 Com²Serve partner organizations can be found in the August 2008 Listing of Com²Serve sites. The Com²Serve preceptor is expected to:

- monitor student attendance and complete student attendance logs;
- adhere to student-specific teaching schedules including dates and times for teaching sessions. Preceptors must call the IGC Office if they have to miss or reschedule a teaching session.

XIII. ROLE OF STUDENT

The student is to take responsibility for his/her own learning by:

- acting in a professional manner with all patients, preceptors, instructors and staff;
- meeting all schedule requirements and keeping track of all schedule revisions or updates;
- thoroughly and thoughtfully completing all logs, assignments, evaluations and questionnaires, and submitting these materials on a timely basis;
- consulting with the IGC Course Director on any problems or concerns encountered during the IGC rotation.
- taking an active role in striving to maximize IGC learning opportunities.

Section B.

LOGS

ASSIGNMENTS

ASSESSMENT FORMS

EVALUATIONS

SCHEDULING FORMS

Note: Section B contains a complete packet of forms for both the Fall 2008 and Winter 2009 Semesters.

**FALL 2008 SEMESTER
IGC FORMS**

Nova Southeastern University College of Osteopathic Medicine M2 IGC Physician Mentor Attendance Log

Fall 2008 ○

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

	Date	Preceptor's Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Note: The number of required Physician Mentor Sessions for the Fall 2008 Semester is listed in the course schedule (distributed during the Fall IGC orientation).

Nova Southeastern University College of Osteopathic Medicine
IGC Patient Diagnostic Log
M-2 Fall 2008 ○

Student Name: _____, _____
LastFirst

Name of Preceptor: _____, _____
LastFirst

Preceptor's Signature: (1st page only) _____

	IGC Session # (i.e., #1 – 7)	Patient Profile (age & gender); no names please. (e.g, 15 year old male) If patient is age 90 or greater, write "89+".	Diagnoses (e.g., 1. Gastroenteritis; 2. Otitis Media)
1			
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21			

	Session # (i.e., #1 – 7)	Patient Profile (age & gender); no names please. (e.g, 15 year old male) If patient is age 90 or greater, write "89+".	Diagnoses (e.g., 1. Gastroenteritis; 2. Otitis Media)
22			
22			
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43			
44			
45			
46			

A minimum of 21 patient encounters is required. Attach additional pages as needed.

IGC PRIMARY CARE ASSIGNMENT M-2 Fall 2008 ○

Student Name: _____, _____
Last First

Preceptor Name: _____, _____
Last First

Preceptor's Signature: _____ Spec: FM ___ IM ___ Ped ___

I agree that the student's initial submission was: (Please check one below)

satisfactory & appropriate _____ unsatisfactory _____

FOR FACULTY USE ONLY			
	Very Good to Outstanding	Acceptable	Not Acceptable
Section A (Q #1, #2, #3)			
Section B (Q #4, #5, #6, & #7)			

Section A: (comprises 40% of grade for total "assignments")

1. Provide one case example (excluding a mental health diagnosis) that describes how your Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan. It is recommended that the patient have a new, singular chief complaint that needs to be evaluated.

A. Patient Age _____ Gender _____

B. Chief Complaint:

C. Key facts obtained through medical history (including history of present illness):

D. Key findings obtained through patient physical examination (including pertinent vital signs and pertinent positive and negative findings):

E. Did a review of the patient chart reveal any information that was useful in the assessment? If so, what?

F. What additional information would you like to have obtained (i.e., from a more extensive patient history and/or physical) to reach a diagnosis?

G. Based on above, list a differential diagnosis (minimum of three, usually including the final diagnosis):

H. If laboratory or diagnostic tests were ordered, what was the objective of each test and how were the results used to justify your final diagnosis:

I. Final Diagnosis(es):

2. Treatment Plan (on case above):

3. State a specific example of how your Physician Mentor tailors/modifies his/her treatment or instructions to best fit the patient and their individual circumstances (i.e., a specific patient encounter where you r physician had to consider a factor such as age, gender, socio-economics, culture, ethnicity, ethics, lifestyle, etc).

Section B: (comprises 40% of grade for total "assignments")

4. Name and describe one specific community resource (e.g., foundation, association, etc.) that is available to assist one of the patient populations listed below (please circle the population you select). **Describe how you would have your patients utilize this resource** as a practicing physician, and **why your patients might benefit** from this resource (Suggestion: you might ask a staff member or a patient).

- Infants or children
- Geriatric patients
- Special populations at risk (e.g., HIV, physically handicapped, medically indigent, homeless, substance abuse, chronic illness support/management, other _____)

5. **Write a paragraph on one issue to be considered in determining the future of healthcare delivery in the USA.**

The paragraph must include the following: (a) statement of the problem; (b) description of a potential solution(s); (c) obstacles/problems toward implementation; (d) your position on the issue.

Some examples include:

- Designing/Implementing a National/Universal Healthcare System
- Medicare or Medicaid Reform (e.g., children's healthcare coverage, etc.)
- Distribution of Healthcare Professionals
- Cost Effectiveness of Practice/Physicians (e.g., practice guidelines, automated systems, physician profiling, etc.)
- Issues on Aging of US Population (e.g., palliative care, ethics of rationing, healthcare benefits, etc.)
- Privacy of Records vs. Portability/Access to Records
- Employer-Sponsored Healthcare Benefits (e.g., trends, pitfalls, self-insured companies, etc.)
- Drug Benefits/Pharmaceutical Industry Cost Controls
- Issues of Provider Compensation (e.g., medical malpractice, compensation models, etc.)
- Ethical Considerations (e.g., genetic testing, stem cell research, multi-tiered benefits, healthcare as a right vs. a privilege, rationing, etc.)
- Other _____

6. From any case that you saw with your Physician Mentor, demonstrate the value of self-directed learning by utilizing a minimum of 3 information resources to seek out information relative to the case.

A. Indicate what information you are seeking:

B. List the three information resources utilized according to the categories outlined below (in #1, #2 and #3) and briefly summarize the information obtained. For #4 below, critically analyze the accuracy or usefulness of the information obtained from the professional resources (i.e., #1 and #2 below) as compared to information contained in the lay/public resource (i.e., described in #3 below).

1. Resource #1 – "Credible" On-Line Search (other than a journal article):

2. Resource #2 – Refereed journal article (e.g., New England Journal, JAMA, JAOA, Annals of IM, Journal of Family Medicine, Journal of Pediatrics, etc.):

3. Resource #3 – A "lay/public" reference (which might, or might not be credible), such as that obtained by conducting a general key word search on the internet, or information from a tabloid or magazine.

4. Critically analyze the accuracy or usefulness of the information obtained from resource #1 and #2 as compared to #3 above (i.e., how the non-professional public's perspective might differ from a professional's perspective based upon the information obtained).

7. Outline the features that interest you most and least about the primary care discipline (i.e., I.M., FM, Peds.) to which you were assigned for your IGC rotation. (Note: During the Winter Semester, you may leave this blank if the preceptor is the same as during the Fall Semester.)

A. Assigned Primary Care Discipline (please circle one): *Internal Medicine* *Family Medicine* *Pediatrics*

B. Factors that interest you most:

C. Factors that interest you least:

COM²SERVE ATTENDANCE LOG & WRITTEN ASSIGNMENT

M-2 Fall 2008 ☐

Date: _____

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

COM²Serve Assignment/Organization: _____

Instructions: Please complete/submit this assignment within one week subsequent to your COM²Serve experience. Responses must be clearly thought out and well articulated using complete sentences.

1. If you had patient (or client) contact, approximately how many patients did you see (or number of cases)? _____
2. Describe how you helped serve the community with this assignment. If direct community service was not provided, describe how this experience might impact you in the future).

3. What did you personally gain/learn from this assignment?

4. Describe how this organization or your COM²Serve mentor tailors their services to address the specific ethno-cultural, socioeconomic, age or lifestyle characteristics of their clients.

5. Describe why you feel this is, or is not, a worthwhile IGC experience.

COM²Serve Preceptor's Name (Print): _____

Preceptor's Signature: _____ Phone #: _____

M1 \odot
M2 \odot

[illegible]

Please provide a summary statement to justify your ratings above:

You may also fax this form to (954) 262-4773 (or you may hand it directly to your student for submission). For questions please call (954) 262-1441 or 1411

Note: This is optional (for M2 students to apply for a change in Physician Mentor assignment)

Last Name

[illegible][illegible]

Address:

Zip code

Home Phone#

Cell Phone#

Dade County:

© South

© Central

© North

Palm Beach County:

© South

© Central

© North

Current Physician Mentor Name: _____

Current Specialty of M2 IGC Physician Mentor: ☐ Family Medicine ☐ Internal Medicine ☐ Pediatrics

Location of current M2 mentor (city or town name): _____

Average driving distance from current physician mentor's office to your home:

☐ under 15 minutes ☐ between 15-30 minutes ☐ between 30-35 minutes ☐ over 45 minutes

Specialty of M1 Physician Mentor (last year): ☒ Family Medicine ☐ Internal Medicine ☐ Pediatrics

Location of M1 mentor (city or town name): _____

Average driving distance from M1 physician mentor's office (last year) to your home (last year):

☐ under 15 minutes ☐ between 15-30 minutes ☐ between 30-35 minutes ☐ over 45 minutes

Why are you requesting a different IGC physician mentor?

Specialty desired for new IGC assignment: ☒ Family Medicine ☐ Internal Medicine ☐ Pediatrics

Dade	⊙ South	⊙ Central	⊙ North
Palm Beach	⊙ South	⊙ Central	⊙ North
Broward: East of Turnpike	⊙ South	⊙ Central	⊙ North
Broward: West of Turnpike	⊙ South	⊙ Central	⊙ North

Have you ever been licensed in the health care industry? ☐ No ☐ Yes (List _____)

Please list any other languages that you speak: _____

COMMENTS

**WINTER 2009 SEMESTER
IGC FORMS**

**Nova Southeastern University College of Osteopathic Medicine
M2 IGC Physician Mentor Attendance Log**

Winter 2009 ○

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

	Date	Preceptor's Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Note: The number of required Physician Mentor Sessions for the Winter 2009 Semester is listed in the course schedule (distributed during the Winter Semester IGC orientation).

Nova Southeastern University College of Osteopathic Medicine
IGC Patient Diagnostic Log
M-2 Winter 2009 O

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

Preceptor's Signature: (1st page only) _____

IGC Session # (i.e., #1 – 7)	Patient Profile (age & gender); no names please. (e.g, 15 year old male) If patient is age 90 or greater, write "89+".	Diagnoses (e.g., 1. Gastroenteritis; 2. Otitis Media)
1		
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	Session # (i.e., #1 – 7)	Patient Profile (age & gender); no names please. (e.g, 15 year old male) If patient is age 90 or greater, write "89+".	Diagnoses (e.g., 1. Gastroenteritis; 2. Otitis Media)
22			
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45			
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A minimum of 21 patient encounters is required. Attach additional pages as needed.

IGC PRIMARY CARE ASSIGNMENT M-2 Winter 2009 ○

Student Name: _____, _____
Last First

Preceptor Name: _____, _____
Last First

Preceptor's Signature: _____ Spec: FM ___ IM ___ Ped ___

I agree that the student's *initial* submission was: (Please check one below)

satisfactory & appropriate _____ unsatisfactory _____

FOR FACULTY USE ONLY			
	Very Good to Outstanding	Acceptable	Not Acceptable
Section A (Q #1, #2, #3)			
Section B (Q #4, #5, #6, & #7)			

Section A: (comprises 40% of grade for total "assignments")

- Provide one case example (excluding a mental health diagnosis) that describes how your Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan. It is recommended that the patient have a new, singular chief complaint that needs to be evaluated.
 - Patient Age _____ Gender _____
 - Chief Complaint:
 - Key facts obtained through medical history (including history of present illness):
 - Key findings obtained through patient physical examination (including pertinent vital signs and pertinent positive and negative findings):
 - Did a review of the patient chart reveal any information that was useful in the assessment? If so, what?
 - What additional information would you like to have obtained (i.e., from a more extensive patient history and/or physical) to reach a diagnosis?
 - Based on above, list a differential diagnosis (minimum of three, usually including the final diagnosis):
 - If laboratory or diagnostic tests were ordered, what was the objective of each test and how were the results used to justify your final diagnosis:
 - Final Diagnosis(es):
- Treatment Plan (on case above):
- State a specific example of how your Physician Mentor tailors/modifies his/her treatment or instructions to best fit the patient and their individual circumstances (i.e., a specific patient encounter where you r physician had to consider a factor such as age, gender, socio-economics, culture, ethnicity, ethics, lifestyle, etc).

Section B: (comprises 40% of grade for total "assignments")

4. Name and describe one specific community resource (e.g., foundation, association, etc.) that is available to assist one of the patient populations listed below (please circle the population you select). **Describe how you would have your patients utilize this resource** as a practicing physician, and **why your patients might benefit** from this resource (Suggestion: you might ask a staff member or a patient).

- Infants or children
- Geriatric patients
- Special populations at risk (e.g., HIV, physically handicapped, medically indigent, homeless, substance abuse, chronic illness support/management, other _____)

5. Write a paragraph on one issue to be considered in determining the future of healthcare delivery in the USA. The paragraph must include the following: (a) statement of the problem; (b) description of a potential solution(s); (c) obstacles/problems toward implementation; (d) your position on the issue.

Some examples include:

- Designing/Implementing a National/Universal Healthcare System
- Medicare or Medicaid Reform (e.g., children's healthcare coverage, etc.)
- Distribution of Healthcare Professionals
- Cost Effectiveness of Practice/Physicians (e.g., practice guidelines, automated systems, physician profiling, etc.)
- Issues on Aging of US Population (e.g., palliative care, ethics of rationing, healthcare benefits, etc.)
- Privacy of Records vs. Portability/Access to Records
- Employer-Sponsored Healthcare Benefits (e.g., trends, pitfalls, self-insured companies, etc.)
- Drug Benefits/Pharmaceutical Industry Cost Controls
- Issues of Provider Compensation (e.g., medical malpractice, compensation models, etc.)
- Ethical Considerations (e.g., genetic testing, stem cell research, multi-tiered benefits, healthcare as a right vs. a privilege, rationing, etc.)
- Other _____

6. From any case that you saw with your Physician Mentor, demonstrate the value of self-directed learning by utilizing a minimum of 3 information resources to seek out information relative to the case.

A. Indicate what information you are seeking:

B. List the three information resources utilized according to the categories outlined below (in #1, #2 and #3) and briefly summarize the information obtained. For #4 below, critically analyze the accuracy or usefulness of the information obtained from the professional resources (i.e., #1 and #2 below) as compared to information contained in the lay/public resource (i.e., described in #3 below).

1. Resource #1 – "Credible" On-Line Search (other than a journal article):

2. Resource #2 – Refereed journal article (e.g., New England Journal, JAMA, JAOA, Annals of IM, Journal of Family Medicine, Journal of Pediatrics, etc.):

3. Resource #3 – A "lay/public" reference (which might, or might not be credible), such as that obtained by conducting a general key word search on the internet, or information from a tabloid or magazine.

4. Critically analyze the accuracy or usefulness of the information obtained from resource #1 and #2 as compared to #3 above (i.e., how the non-professional public's perspective might differ from a professional's perspective based upon the information obtained).

7. Outline the features that interest you most and least about the primary care discipline (i.e., I.M., FM, Peds.) to which you were assigned for your IGC rotation. (Note: During the Winter Semester, you may leave this blank if the preceptor is the same as during the Fall Semester.)

C. Assigned Primary Care Discipline (please circle one): *Internal Medicine* *Family Medicine* *Pediatrics*

D. Factors that interest you most:

C. Factors that interest you least:

NSU-COM IGC COM²SERVE ATTENDANCE LOG & WRITTEN ASSIGNMENT

M-2 Winter 2009 ☐

Date: _____

Student Name: _____, _____

Name of Preceptor: _____, _____
Last First

COM²Serve Assignment/Organization: _____

Instructions: Please complete/submit this assignment within one week subsequent to your COM²Serve experience. Responses must be clearly thought out and well articulated using complete sentences.

1. If you had patient (or client) contact, approximately how many patients did you see (or number of cases)? _____
2. Describe how you helped serve the community with this assignment. If direct community service was not provided, describe how this experience might impact you in the future).

3. What did you personally gain/learn from this assignment?

4. Describe how this organization or your COM²Serve mentor tailors their services to address the specific ethno-cultural, socioeconomic, age or lifestyle characteristics of their clients.

5. Describe why you feel this is, or is not, a worthwhile IGC experience.

COM²Serve Preceptor's Name (Print): _____

Preceptor's Signature: _____ Phone #: _____

NSU-COM IGC BUSINESS OF MEDICINE ASSIGNMENT

M-2 Winter 2009 ☐

Date: _____

Student Name: _____, _____
Last First

Business of Medicine Organization/ Program: _____

* Preceptor: Print Name _____ Signature: _____

Instructions: Please complete this written assignment for your assigned IGC Business of Medicine field-based session. This will be submitted at the IGC Wrap-Up Session during the Winter 2009 Semester. Responses must be clearly thought out and well articulated using complete sentences.

* Students assigned to a campus-based large group session must complete Section A through C, but may not need to obtain the preceptor's signature (due to having an alternative means for recording attendance).

A. What are the three most valuable things that you learned today? (be specific)

1. _____

2. _____

3. _____

B. Please describe how this experience might impact your practice as a physician:

C. Other Comments (Optional):

NOTICES OF NONDISCRIMINATION AND ACCREDITATION

Nova Southeastern University admits students of any race, color, sexual orientation, and national or ethnic origin.

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone number: 404-679-4501) to award associate's, bachelor's, master's, educational specialist, and doctoral degrees.



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Fort Lauderdale, Florida 33328-2018
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